Colorado Department of Public Health & Environment (CDPHE)

WISEWOMAN Program

Evaluation Plan – YEAR 2 ONLY, FINAL 10.15.2014

This plan outlines the proposed program evaluation of CDPHE's Well-Integrated Screening and Evaluation for Women Across the Nation (WISEWOMAN) program ("Program") under the current four-year DP13-1302 cooperative agreement (fiscal years 2013-2017) with the Centers for Disease Control and Prevention (CDC). The evaluation detailed herein addresses the three required evaluation areas including efforts to address uncontrolled hypertension, health coaching/lifestyle program and the elective evaluation area, with an overall purpose of strengthening program activities through utilization of findings. The intended audience is broad including federal, state, and local stakeholders with a priority interest anticipated from internal chronic disease prevention programs and their external partners. Grounded in a utilization-focused approach, this plan has been developed with extensive participatory input and review from a variety of key stakeholders who comprise our Primary Intended User (PIU) Workgroup, and will continue to inform and advise the evaluation team throughout implementation of this evaluation. Principal author of this document is Lead Evaluator, Julie Graves, Ph.D. of the Health Statistics and Evaluation Branch of CDPHE. Collaborative co-authors included Emily Kinsella, Program Director, Flora Martinez, Program Coordinator, and numerous external and internal partners.

Program Background

Heart disease and stroke are the first and fourth causes, respectively, of death among women in the United States. Nearly twice as many women in the United States die of heart disease, stroke, and other cardiovascular diseases (CVDs) as from all forms of cancer, including breast cancer. CVD is preventable, yet it continues to take an enormous toll. For the first time in 2008 more women than men died from cardiovascular disease. Hypertension, high cholesterol, diabetes, smoking, exposure to second-hand smoke, obesity and sedentary life style all contribute to CVD. Less than half (46 percent) of people with high blood pressure have their condition under control and only 33.5 percent of people with high cholesterol have the condition controlled. The prevalence of high cholesterol, diabetes, and obesity is steadily increasing. Although tobacco use has gradually declined nationally, national WISEWOMAN program data has shown that women who participate in WISEWOMAN have a higher smoking rate than the general population. Many individuals who smoke may not be aware of quit

lines or may not have access to smoking cessation aids. Historically, 89 percent of program participants nationally have at least one risk factor, and many have multiple risk factors. Given this high prevalence, the program has two primary components: (1) screening and (2) follow-up with prevention services that include risk-reduction counseling and lifestyle program services. Full implementation of the Affordable Care Act (ACA) will result in increased screening access and will provide an opportunity to focus more resources on preventive services beyond screening. While the program will still provide cardiovascular health screening services, the priority of the program will continue to be risk reduction, with a focus on high blood pressure control (CDC Funding Opportunity Announcement, DP13-1302).

WISEWOMAN in Colorado

The CDPHE WISEWOMAN program ("Program") is organizationally located in the same branch as Colorado's National Breast and Cervical Cancer Early Detection Program (NBCCEDP; known as Women's Wellness Connection or WWC). The Project Director, Emily Kinsella, for WWC also oversees WISEWOMAN. WISEWOMAN minimum data elements (MDE) will be collected through the addition of a cardiovascular screening module into the Electronic Cancer Surveillance and Tracking (eCaST) data system. Creation and management of the data system is being conducted by CDPHE's Informatics Branch. The positions of Program Coordinator (Flora Martinez) and Chronic Disease Coordinator (Michelle Lynch) are shared (50/50) positions with the Healthy Living and Chronic Disease Prevention (HLCDP) Branch (DP13-1305: State Public Health Actions to Prevent and Control Diabetes, Heart Disease, Obesity, and Associated Risk Factors and Promote School Health grant). To maximize collaboration, the Program Coordinator is housed in the Health Services and Connections Branch and the Chronic Disease Coordinator is housed in the HLCDP Branch. The program contracts with four federally-qualified health centers (FQHCs) that provide primary care and WWC services in four counties with high priority based on high relative cardiovascular disease (CVD) risk. These four agencies will offer WISEWOMAN screening, risk reduction counseling and medical follow-up, then offer interested participants paid referrals to the Diabetes Prevention Program (DPP) or health coaching, either on-site or by referral to a community organization offering DPP or health coaching. Participants will also be offered unpaid referrals to other community based resources.

Primary Intended Users & Other Stakeholders

As defined in this evaluation, the designation of *stakeholder* refers to any individual or organization holding interest in or receiving impact from the implementation or results of this evaluation. Not all stakeholders will have the need or capacity to actually *apply* the evaluation findings with a specific purpose, but nonetheless may be interested to gain the background knowledge and be able to share information with others. Also, some stakeholders may experience direct or indirect consequences of the evaluation and be unaware of the particular link to this project. The table below describes the broader known stakeholder group for this evaluation, as well as CDPHE's current estimation of their interests and potential uses of the findings.

Table 1: Evaluation stakeholder groups and anticipated interests and use.

Stakeholder Groups	**Interest/Use**
Healthcare providers in community	Knowledge of service options to improve patient care/outcomes
Clients	Outcomes of evaluation; Consumer comparison of options
WISEWOMEN clinics	Return on Investment (ROI) of WISEWOMAN addition to WWC electronic cancer surveillance and tracking (eCaST) system
Participating health plans, Medicaid	DPP data, overall success/results of the WISEWOMAN service model
State legislature, Joint Budget Committee (JBC)	Policy-making, funding allocation
CDC	Accountability, funding allocation, broader dissemination
Prevention Services Division (PSD)/CDPHE (Cancer, Cardiovascular and Pulmonary Disease [CCPD] program, Office of Health Equity [OHE], etc.)	The collaboration of internal programs that have not worked together previously
PSD's Policy, Health Systems, & Analytics branch	Findings about quality improvement

A sub-group of the broader "stakeholder" audience listed above is called Primary Intended Users (PIUs). PIUs are individuals with a known, explicit need or purpose to apply the findings from this evaluation. The entire pool of PIUs for any evaluation can never be completely known at any one point, and is likely to change over time as new PIUs recognize their interest in the project and existing ones may come to recognize less applicability to their work with the particular directions the evaluation is taking. In most cases, as is the case here, the PIU pool begins with individuals most actively involved in supporting the work of the program being evaluated. At least initially, our priority focus will be on the PIUs who comprise the internal CDPHE staff of the WISEWOMAN program in order to generate evaluation findings that will be most useful to their direct efforts in improving the program.

Evaluation Background

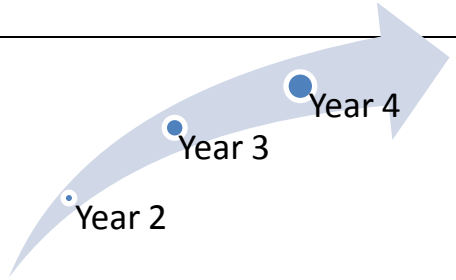


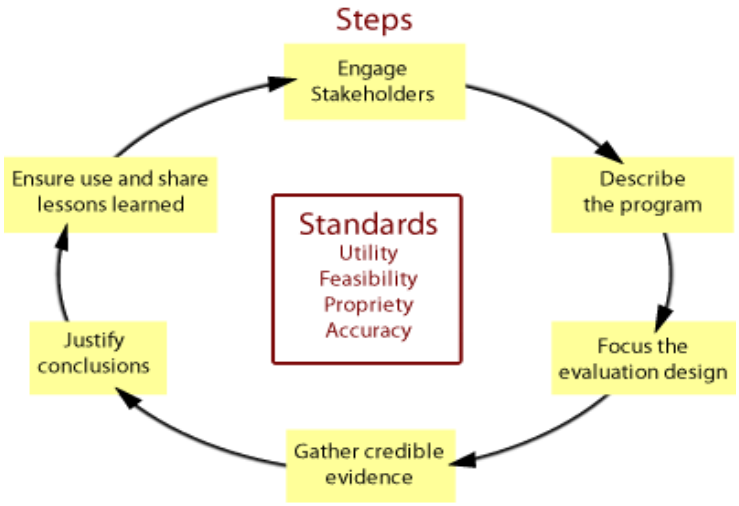
Figure 1: In order to achieve highest utility for program improvement, our evaluation in subsequent years will be revised according to findings in earlier years.

While large-scale, population-based measures of chronic disease related outcomes will be regularly monitored and used consistently to inform program decisions, this level of outcomes are not the priority focus of evaluation during the period of this cooperative agreement (fiscal years 2014 – 2017). In order to generate a feedback loop of evaluation findings with utility for program improvement, this plan prioritizes a focus on assessing the implementation of key strategies as well as accomplishment of short-term and intermediate outcomes that incrementally build toward long-term and large scale impact. Each year the CDPHE WISEWOMAN program (the Program) will ask questions about process (implementation) and outcome (effectiveness), with the findings used for cumulative program improvements as depicted in Figure 1. It is important to acknowledge, as with any interdependent, collaborative effort, that progress will be influenced by changes in personnel and evaluation resources requiring shared understanding and rebuilding of relationships.

Evaluation Framework: CDC's 6-step Model

In conceptualizing this evaluation the Program has utilized the CDC's Framework for Program Evaluation in Public Health (http://www.cdc.gov/eval/framework/index.htm). This framework (as depicted in Figure 2), defines six steps and four sets of standards seen as best practices for public health program evaluations. Each of the steps, while not necessarily linear in their application, represents a major procedural element of effective evaluation practice. The four standards describe a larger cluster of guiding principles to which professional evaluation practices should adhere. The steps and standards outlined in this framework have served, and will continue to serve, the planning and implementation of evaluation of WISEWOMAN in Colorado.

Figure 2: CDC Framework for Evaluation in Public Health



Utilization-Focused Evaluation

In addition to CDC's framework, the Program has also adopted a specific set of theoretical principles that will guide evaluation design, implementation, and reporting. Utilization-Focused Evaluation (U-FE), developed by Michael Quinn Patton (2002), begins with the premise that evaluations should be judged by their utility and actual use. Evaluators should facilitate the evaluation process and design an evaluation with careful consideration of how everything that is done, *from beginning to end,* will affect use. Use concerns how real people in the real world apply evaluation findings and experiences to the evaluation process. Therefore, the *focus* in utilization-focused evaluation is on intended use by intended users. Since no evaluation can be value-free, utilization-focused evaluations consider primary intended users (PIUs), and their values, to apply evaluation findings and support the implementation of recommendations. Utilization-focused evaluation is highly relational, collaborative, and situational – and always focused on intended use of the results. The evaluation facilitator develops a working relationship with PIUs to help them determine what kind of evaluation they need. This requires negotiation in which the evaluator offers a menu of possibilities within the framework of established evaluation standards and principles (Quinn-Patton, 2002).

This plan has been developed over approximately seven months during which the Program engaged the initial group of PIUs in a series of planning meetings, focusing on the first three steps of CDC's framework (see Figure 2). The Program is

excited about the momentum of this engaged group to continue leading this effort as the Program moves into implementation of these plans. In addition to the improvements anticipated from the utilization of evaluation findings, the Program is confident the overall approach will build evaluation capacity with the WISEWOMAN staff and agency network, bolster the attention to evaluation findings, and contribute to a culture of quality improvement through evaluation.

Our Evaluation Questions

The utilization perspective has guided the Program's evaluation planners to select a pattern of overarching questions in each evaluation area throughout the next three years. Each year the evaluation will gather data to address questions about the prior year's process and outcomes. Each year's data collection will also be used at the end of Year 4 for analysis and reporting on the cumulative accomplishments of the program. In Year 4 only, the Program will incorporate the use of additional minimum data element (MDE) indicators gathered from the eCaST data system. The overarching evaluation questions that will guide the focus of more specific questions each year are as follows:

Evaluation Question	**Indicators/Methods (Years [YR] 2, 3, & 4)**	**Additional Indicators/Methods (YR 4 only)**
1) How are agencies providing medication counseling for clients with uncontrolled hypertension?	Description of clinic processes and procedures / Observation, interviewing and document review conducted at site visits (YRs 2, 3 and 4) and gathered through online surveys of staff (YRs 2 and 4)	None (cumulative summary of YRs 2, 3 and 4)
2) To what extent is medication counseling benefitting clients?	Self-report perspective of clients and staff / Administer client-satisfaction survey and focus groups (via conference call) with staff (all years)	Changes in individual client re-screening data (including hypertension measures, priority areas, and readiness to change)
3) How have agencies implemented diabetes prevention program (DPP) and health coaching?	Description of DPP and health coaching offered / Observation, interviewing and document review conducted at site visits (YRs 2, 3 and 4) and gathered through online surveys of staff (YRs 2 and 4)	Summary of DPP and health coaching (HC) MDE's across last three years

Evaluation Question	Indicators/Methods (Years [YR] 2, 3, & 4)	Additional Indicators/Methods (YR 4 only)
4) To what extent is DPP or health coaching benefitting clients?	Self-report perspective of clients and staff / Administer online survey and focus groups (via conference call) with staff (all YRs)	Changes in individual client re-screening data (including disease-level values, priority areas, and readiness to change)
5) What new or additional resources and linkages that benefit WISEWOMAN clients have been created as a result of the implementation of the WISEWOMAN program?	Focus group with internal stakeholders (CDPHE program staff) and online survey of external stakeholders (clinic staff and administrators) in YR2 and YR4* (NOTE: same methods as in Q6) *Some of the data in response to this question is being collected in conjunction with HSEB project entitled: Colorectal Evaluation (M.Rivera, Lead).	None (cumulative summary of YRs 2, 3 and 4)
6) In what ways has the WISEWOMAN program infrastructure benefitted systems beyond individual WISEWOMAN clients?	Focus group with internal stakeholders (CDPHE program staff) and online survey of external stakeholders (clinic staff and administrators) in YR2 and YR4* (NOTE: same methods as in Q5) *Some of the data in response to this question is being collected in conjunction with HSEB project entitled: Colorectal Evaluation (M.Rivera, Lead).	Integrate findings from WISEWOMAN Community Scans into cumulative summary of online survey results

NOTES

Center for Disease Control and Prevention. (1999). Framework for program evaluation in public health. Atlanta, GA: *MMWR, 48* (NoRR-11), 1-40.
Quinn Patton, M. (2002). Utilization-Focused Evaluation Checklist, http://www.wmich.edu/evalctr/archive_checklists/ufe.pdf

WISEWOMAN: Evaluation Design & Methods

The following tables outline the Colorado WISEWOMAN program's evaluation design for Years 2, 3 and 4, including evaluation questions, indicators, data collection methods, analysis plans, dissemination/use plans, and estimated timeline. It should be noted that as time goes on, objectives are accomplished and contextual changes occur (especially in Years 3 and 4) these questions and indicators may require updating and/or revision.

Table 1. YEAR TWO (July 2014 – June 2015):

EVALUATION AREA 1: EFFORTS TO ADDRESS UNCONTROLLED HYPERTENSION YEAR 2 (JULY 2014- JUNE 2015)					
Evaluation Question	**Indicators**	**Data Collection Methods** **[Group Responsible]**	**Data Analysis** **[Group Responsible]**	**Communication & Use Plan** **[Group Responsible]**	**Timing** Q1 = First quarter Q2 = Second quarter Q3 = Third quarter Q4 = Fourth quarter
Y2.1: To what extent do agencies have evidence-based hypertension control protocols? (examples: medication counseling, home blood pressure monitoring, team-based care, medication therapy management, etc.) (BASELINE)	Description of clinic processes and procedures *(specific items to be articulated during instrument development)* Description from clinic staff	Observation, interviewing and document review (copies of agency protocols) conducted at site visits [HSEB- instrument; WISEWOMAN Staff-collection] Online survey of clinic staff [HSEB] **Note: Also use results from "pre-contracting survey" administered in September 2013 to potential WISEWOMAN agencies*	Content analysis [HSEB] Descriptive summary of survey results [HSEB]	Written report [HSEB] Routinely compile, discuss, and develop action plans for program improvement based upon evaluation findings [WISEWOMAN staff]	Q2-Q3 **Note: This survey will focus on assessing processes and early-stage ("baseline") status, given that clinics have not had enough time to demonstrate impact of systems change work. Later-stage impacts will be assessed through separate Colorectal/Systems Change clinic survey in April, 2015.*
Y2.1a: How are they being implemented? (PROCESS)		Observation, interviewing and document review (copies of agency protocols) conducted at site visits [HSEB- instrument; WISEWOMAN Staff-collection] Online survey of clinic staff [HSEB] (same as Y2.1)			Q2-Q3

Evaluation Question	Indicators	Data Collection Methods	Data Analysis	Communication & Use Plan	Timing
Y2.1b: What differences, if any, exist between WISEWOMAN clients and other clients with regard to the administration of hypertension control protocols? (BASELINE)	Reports from clinic staff and administrators	Observation, interviewing and document review (copies of agency protocols) conducted at site visits [HSEB- instrument; WISEWOMAN Staff-collection] Online survey of clinic staff [HSEB] (same as Y2.1)	Content analysis [HSEB] Descriptive summary of survey results [HSEB]	Written report [HSEB] Routinely compile, discuss, and develop action plans for program improvement based upon evaluation findings [WISEWOMAN staff]	Q2-Q3
Y2.1c: What resources currently exist at agencies to support implementation of evidence-based practices? (example: pharmacy on site, medication adherence for other conditions, etc.) (PROCESS)	Reports from clinic staff and administrators	Observation, interviewing and document review (copies of agency protocols) conducted at site visits [HSEB- instrument; WISEWOMAN Staff-collection] Online survey of clinic staff [HSEB] (same as Y2.1)	Content analysis [HSEB] Descriptive summary of survey results [HSEB]	Written report [HSEB] Routinely compile, discuss, and develop action plans for program improvement based upon evaluation findings [WISEWOMAN staff]	Q2-Q3

EVALUATION AREA 2: HEALTH COACHING AND/OR LIFESTYLE PROGRAM YEAR 2 (JULY 2014- JUNE 2015)					
Evaluation Question	**Indicators**	**Data Collection Methods**	**Data Analysis**	**Communication & Use Plan**	**Timing**
Y2.2: To what extent does type of referral into DPP through WISEWOMAN affect engagement? (PROCESS) *(comparing services offered on-site versus referral to third party)* *Y2.2a: Is there a difference on indicators of engagement for WISEWOMAN clients as compared to non-WISEWOMAN clients?*	<u>eCaST Data:</u> • Attendance • Performance measure (% referred that attend) • Completion • Changes in physical measures <u>Online Survey:</u> • Characteristics of relationship with WISEWOMAN staff • Confirm that barriers are the same as with other DPP <u>CDC DPP Database (coordinated with M.Lynch)</u>: • Attendance • Completion • Biometrics • Referral source	Extract from eCaST [HSEB/Informatics] Online survey (same as in Y2.1) Extract from DPP Database [HSEB/M.Lynch]	Quantitative analyses as appropriate to data (TBD) Descriptive summary of survey results Quantitative analyses as appropriate to data (TBD) *(*Coordinate these analyses with A.Laib, 1305-Evaluation)*	Written report [HSEB] Routinely compile, discuss, and develop action plans for program improvement based upon evaluation findings [WISEWOMAN staff]	Q2, Q3, & Q4
Y2.3: What, if any, is the strength of the relationship between readiness to change and completion (3 sessions) of health coaching? (PROCESS)	Correlation of readiness stage with completion behavior	Use eCaST data [Informatics; HSEB]	Correlation (r-squared) Descriptive statistics (# of referrals by stage of change) [HSEB]	Written report [HSEB] Routinely compile, discuss, and develop action plans for program improvement based upon evaluation findings [WISEWOMAN staff]	Quarterly starting in Q2

Evaluation Question	Indicators	Data Collection Methods	Data Analysis	Communication & Use Plan	Timing
Y2.4: To what extent do risk reduction counselors and health coaches feel they've improved in their use of Motivational Interviewing? (OUTCOME) Y2.4a: What aspects do clinics feel they have improved on and to what extent? (are you using OARS, affirmations, etc.) (OUTCOME) Y2.4b: What, in clinic staff opinion, led to this improvement? (OUTCOME)	Self-reported, retrospective perspective on learning from MI trainings • (Also gather: What TA/training attended? (MITI, training, calls, etc.)	Post-training survey of health coaches [WISEWOMAN Staff] **Note: Data collection already began with M.Lynch administration of post-training survey at July 2014 MI training* Semi-structured group interviews during regularly-scheduled health coaching calls. [HSEB]	Descriptive summary of survey and group interview results	Written report [HSEB] Routinely compile, discuss, and develop action plans for program improvement based upon evaluation findings [WISEWOMAN staff] Summary of qualitative findings [HSEB]	Q1-Q2

EVALUATION AREA 3: DEMONSTRATE SIGNIFICANT VALUE OF WISEWOMAN PROGRAM YEAR 2 (JULY 2014- JUNE 2015)					
Evaluation Question	**Indicators**	**Data Collection Methods**	**Data Analysis**	**Communication & Use Plan**	**Timing**
Y2.5. What new or additional resources and linkages that benefit WISEWOMAN clients have been created as a result of the implementation of the WISEWOMAN program? (OUTCOME)	Reports from external and internal stakeholders *(specific items to be articulated during instrument development; possibilities include: lists of resources, new programs or partnerships)*	Administer an online survey to stakeholders **Note: Some of this data is being collected in conjunction with a survey administered under separate HSEB "Colorectal Evaluation")* [HSEB- Rivera/Graves] Focus group (or online survey TBD) of internal staff	Descriptive summary of survey and focus group results [HSEB- Rivera/Graves]	Written report [HSEB] Routinely share, discuss, and develop action plans for program improvement based upon HSEB's evaluation findings [Program]	Q4
Y2.6. In what ways has the WISEWOMAN program infrastructure benefitted systems beyond individual WISEWOMAN clients? (OUTCOME)	Reports from external and internal stakeholders *(specific items to be articulated during instrument development; possibilities include: lists of resources, new programs or partnerships)* Changes in clinic-wide screening rates resulting from comprehensive clinic systems change work	Administer an online survey to stakeholders **Note: Some of this data is being collected in conjunction with a survey administered under separate HSEB "Colorectal Evaluation")* [HSEB- Rivera/Graves] Focus group (or online survey TBD) of internal staff Baseline clinic-wide screening assessment and re-assessment data [Informatics]	Descriptive summary of survey and focus group results [HSEB –Rivera/Graves]	Written report [HSEB] Routinely share, discuss, and develop action plans for program improvement based upon evaluation findings [Program]	Q4